

## OFFICIAL COMPLAINT FORM

Missouri Ethics Commission PO Box 1370 Jefferson City, MO 65102-1370

Section 105.957, RSMo states that the Commission shall receive any complaints alleging violations of the provisions of:

- 1) The requirements imposed on lobbyists by section 105.470 to 105.478;
- 2) The financial interest disclosure requirements contained in sections 105.483 to 105.492;
- 3) The campaign finance disclosure requirements contained in chapter 130, RSMo;
- 4) Any code of conduct promulgated by any department, division or agency of state government, or by state institutions of higher education, or by executive order;
- 5) The conflict of interest laws contained in sections 105.450 to 105.467 and section 171.181, RSMo; and
- 6) The provisions of the constitution or state statute or order, ordinance or resolution of any political subdivision relating to the official conduct of officials or employees of the state and political subdivisions.

This complaint shall contain all the facts known to the person bringing the complaint that give rise to the complaint.

This complaint shall be sworn to under penalty of the crime of perjury.

Within 5 days of receipt of this complaint, the Commission will send a copy of this complaint, including the name of the person bringing this complaint, to the person, organization or campaign committee against whom the complaint is brought.

Note: According to Missouri State Law, the Commission shall dismiss any complaint which is frivolous in nature, as lacking any basis in fact or law. Any person who submits a frivolous complaint shall be liable for actual and compensatory damages to the alleged violator for holding the alleged violator before the public in a false light. A finding by the Commission that a complaint is frivolous or without probable cause shall be a public record.

THIS FORM MUST BE RETURNED BY MAIL OR HAND-DELIVERED. FAXED COPIES OR EMAILS WILL NOT BE ACCEPTED.

| PART 1 - PERSON BRINGING COMPLAINT:             |                 |                          |                                  |                |                    |
|---|-----------------|--------------------------|----------------------------------|----------------|--------------------|
| NAME:   |                 |                          | DATE OF COMPLAINT:               |                |                    |
| ADDRESS:  |                 |                          |                                  |                |                    |
| CITY:   | STATE:          |                          | COUNTY:                          |                | ZIP:               |
| CONTACT PHONE NUMBER/S: (HOME)                  | (WORK)          |                          | (CELL)                           |                | 1                  |
| TITLE OF OFFICE HELD OR SOUGHT (IF APPLICABLE): | <u>I</u>        |                          |                                  |                |                    |
| PART 2 - PERSON OR ORGANIZATION OR CAN          | IPAIGN CON      | MITTEE AG                | AINST WHO                        | M COMPLA       | INT IS BROUGHT:    |
| NAME:   |                 |                          |                                  |                |                    |
| ADDRESS:  |                 |                          |                                  |                |                    |
| CITY:   | STATE:          |                          | COUNTY:                          |                | ZIP:               |
| CONTACT PHONE NUMBER/S: (HOME)                  |                 | (WORK)                   |                                  |                |                    |
| TITLE OF OFFICE HELD OR SOUGHT (IF APPLICABLE): |                 | l                        |                                  |                |                    |
| DATE OF ELECTION (IF APPLICABLE):               |                 |                          | CTION TYPE (IF APPLICABLE): eary |                | Seneral            |
| STATE OF MISSOURI<br>COUNTY OF                  | ICATION BY O    | ATH OR AFFIRM            |                                  |                |                    |
| I,  | e best of my kr | nowledge and l           | , being duly s'<br>belief.       | worn state tha | at the information |
|   |                 | Signature of Complainant |                                  |                |                    |
| Subscribed and sworn to before me this _        | day d           | of                       |                                  |                | ·                  |
| My Commission Expires:                          |                 |                          |                                  |                |                    |
|   |                 |                          | No                               | otary Public   |                    |

| ART 3 - STATEMENT OF FACTS:   |
|---|
| State in your own words the detailed facts and the actions of the candidate or organization named in part two which prompted you to make this complaint. The space provided below is not intended to limit your statement of facts. Please use additional sheets if necessary. Include relevant dates and times, and the names and addresses of other persons whom you believe have knowledge of the facts and attach hereto copies of any documentary evidence that supports the facts alleged in the complaint. |
| Please check the box next to the area that the complaint concerns.  |
| 1. The requirements imposed on lobbyists by sections 105.470 to 105.478.  |
| 2. The financial interest disclosure requirements contained in sections 105.483 to 105.492.   |
| 3. The campaign finance disclosure requirements contained in chapter 130, RSMo.   |
| 4. Any code of conduct promulgated by any department, division or agency of state government, or by state institution of higher education, or by executive order.   |
| 5. The conflict of interest laws contained in sections 105.450 to 105.467 and section 171.181, RSMo.  |
| 6. The provisions of the constitution or state statute or order, ordinance or resolution of any political subdivision relating to the official conduct of officials or employees of the state and political subdivisions.   |
| PLEASE STATE THE FACTS BELOW:   |
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| YES Are any of the matters alleged by you the subject of civil or criminal litigation? If yes, please provide  NO the county and case number if known by you.   |